The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:
ETHEL JOHNS, Reg. N., Suite 401, 1411 Crescent Street, Montreal, P.Q.

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The Canadian Nurse

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MAKE YOUR VOYAGE

G. H. STEVENSON, M.D., Medical Superintendent, The Ontario Hospital, Whitby.

I should like first of all to define the mentally healthy person as one who derives a satisfying degree of contentment from life as he meets it and who in times of severe stress is still able to preserve his poise and a fair degree of efficiency. This definition implies that the main business of living is to get satisfaction from useful and altruistic efforts and not from fantasy, nor from the suffering of those we meet, and that the criterion of our mental strength is our ability to withstand difficult and trying situations.

Our Ships

Let us discuss the subject somewhat allegorically and represent each one of us as a ship with its captain and crew setting forth across the sea of life to an unknown port. Translated into mental hygiene terms the ship is the total personality. The owner, the captain, is represented by the intelligence of the *Ego*, and the sea of life is the span of time from the assuming of adult responsibilities until we finally release ourselves from them in old age. The ship is launched at our birth, and is the product of two long lines of ancestors, who have given us our constitution, our hull. The general shape and size of our craft is therefore determined for us by our inheritance and for the next twenty years the ship is being got ready for the sea. During these years we are growing, we are being trained (well or ill), we are acted upon by all those environmental influences of our childhood and adolescence.

(An address delivered to the Registered Nurses Association of Ontario.)

It will thus be obvious that the kind of a ship we are at the age of twenty is dependent on the quality and size of the materials bequeathed to us by our ancestry, plus what we have received from the environmental influences, also largely determined for us by our parents. That is to say, until the age of twenty, we have had very little to do with the construction or equipment of the ship, and at or about this time we begin to captain our own craft.

All Kinds of Craft

It is important for us to realize that as ships differ in size and shape, so do human ships. Some of us are luxury liners, some are freighters, some tug boats, others are graceful yachts, while not a few of us are noisy motor boats, and sea fleas, and some even are pirate craft, or dangerous submarines slinking through life with sinister motives. Then we have all known people who can best be described as battleships, and I take it that doctors and nurses are hospital ships, relief ships and life-saving craft. By this I mean to say that we are not all expected to do the same work in life, that some of us are speedier or stronger than others, and that while a few of us may have expensive and showy interiors, the majority of us must do the common work of the world, and still others of us help to give beauty and joy to life—the artists and poets.

How may you know what sort of a craft is yours? How seaworthy is it? How much cargo can it carry? We can get some idea of our mental size and strength

by looking back at our progenitors. Were they hardy, capable, courageous people, or did they not possess these qualities? Did they resort to alcohol or to fantasy or to psychosis, when buffetted by heavy seas? Were they sensitive, artistic, retiring, and seeking to escape responsibility? All of us have had some ancestors with strong characteristics, and others with characteristics and tendencies less desirable. Which of them do we most resemble? And what pattern have we tended to follow during our childhood and adolescence? How do we carry our cargo of responsibilities even now? Do we worry about them continually? Do we lose sleep and appetite? Are we easily discouraged? Our answers to these questions should give us some ideas of the type and strength of the craft which is ours. Nor should one be disappointed if he comes to the conclusion that he is not the flagship of his line. Far better for him to face the situation honestly, to know not only his weaknesses, but also his strength so that he may assume a cargo of business and domestic responsibility commensurate to his carrying ability. The captain who knows the weak points of his craft seeks to perfect himself in navigating skill. A small boat well navigated will withstand the storms of life much better than a proud liner indifferently handled.

An Even Keel

The boat will have difficulty weathering the gales if the weight is not properly centred, either by poor construction or by improper arrangement of the cargo. We, too, will not weather life's gales so well, if we are off centre—eccentric. One of these eccentricities that cripple us may be an undue sensitiveness. We should cultivate a reasonably thick skin so that we are not severely hurt if we graze a dangerous rock. This sensitiveness may be due to our original construction, or to the well-known inferiority complex, acquired during the formative years. Most of us have such a complex, but there are healthy and unhealthy ways of reacting to it. It is unhealthy to have no self-confidence, to want to shirk any specific job, to wish to avoid meeting people or difficulties. It is also unhealthy to overcompensate, as so many people do, by becoming pompous, domineering, loud (in voice or appearance, or action), scornful of subordinates, refusing to take advice. The proper way to handle an inferiority complex is first of all to be willing to recognize our inferiorities and, not forgetting our virtues, attempt to correct these inferiorities so far as may be possible, especially those which hamper our relationship to our fellows, and to use the complex itself to spur us on to our best efforts in those qualities and fields which have definite social value. An inferiority complex so used, may become our best asset.

Some eccentricities we deliberately cultivate because we are proud of them. We like to think we are superior to the rest of the fleet, if only in one particular. It should be remembered that such cultivation is most likely an overcompensation for an inferiority, and that it may not have the social or personal value we like to attribute to it. It should be remembered further that such a misplaced individualism may not only be ridiculous but may become actually dangerous to our security and to the enjoyment of good mental health.

Cargoes

Every craft is designed to carry a cargo, which shall not exceed a certain weight. The cargo we all must carry is that of life's responsibilities, our jobs, our home, our duties as citizens. Every well-made ship should be able to carry a reasonable cargo reasonably well. Many of us get into difficulties in heavy seas, however, by having taken on more cargo than we should have carried, particularly a surplus of useless and even dangerous cargo. It is perhaps just as unsafe to put

to sea without any load. We need responsibilities to give us ballast and to keep us at the proper level for good sailing. The useless and dangerous cargo we carry are those unjustified worries and fears which are so common. Many of these come from what is called a guilty conscience, errors of long ago, which unfortunately have never been properly attended to. Dr. S. R. Montgomery and the writer* were able to show that an unresolved guilty conscience may lead to serious mental disability. We believe that matters of conscience are now demonstrated to be definitely on a scientific basis within the field of mental hygiene.

A person with a sense of guilt (as all of us have) should not allow that sense of guilt to act as an unnecessary burden. "All we, like sheep, have gone astray," and everyone has done things which he wishes he had not done. The conscience should be cleared at least every twenty-four hours by frankly admitting and recognizing our shortcomings, by making amends to anyone we may have injured, by the firm resolve not to repeat the same offence, and by using this unfortunate experience in a positive way to improve our character. Whether or not we believe that God is offended at our delinquencies and forgiveness must be sought and obtained, it is of utmost importance for good mental health that the individual should forgive himself in the way I have indicated so that he may start each day with this sense of guilt cleaned away.

Taking the Bridge

We must digress at this point to discuss the sea-going attitude of ships and of people. While all ships are made for the water, the lighter and frailer craft are not made for heavy seas. One can just as truthfully say that we as individuals would never be liable to shipwreck, if we remained safely at our moorings at the shipyard that produced us, but it is equally true that we would disintegrate more quickly if we were not put to work, and we would never fulfill the destiny that is ours. One can understand a certain amount of trepidation on the part of the youthful mariner, navigating his ship on its first and only world cruise, but both he and his ship have been created for this purpose. He cannot simply *wish* he were at the end of the voyage, he has to put his wishes into action, and the great majority of young captains look forward courageously to the task, and enjoy the pleasure that comes from successfully pitting their navigating skill against the sea and the elements.

Not so with all of us, however. Some of us never leave our home port, but ride idly at anchor, living in day dreams and fantasies without constructive planning, but merely wishful thinking. It is only fair to say that these are the frailest craft who have no confidence in their own seaworthiness or their captain. If they are to proceed, they will need assistance and encouragement all the way, especially when the storms of life beset them. Without this help they are in danger of going to pieces at the first squall. These are that great group of young people who develop schizophrenia (dementia praecox) in the early twenties, just when they should be ready to begin their life work. Schizophrenia is just another name for defeat and disintegration before leaving port or shipwreck on the early part of the voyage. Most of us have some schizophrenic tendency, but by improving our mariner's skill, by increasing our confidence in ourselves and a willingness to accept the help of our fellows, we should be able to make the voyage successfully, with all flags flying and with St. Paul to be able to say, "I have fought the good fight. I have finished the course, I have kept the faith."

Out from the home port slowly moves the ship. Eager and unafraid the young captain rejoices in the smooth performance of his craft. He sees other ships

(*See American Journal of Psychiatry, Vol. XI, No. 5, March, 1932. *Paranoid reaction occurring in women of middle age.*)

about him setting forth on the same journey, and although confident of his strength, is nevertheless glad to know he will have company in the fleet. He remembers that many ships have preceded him. He scans the horizon. One last glance at his charts. Full steam ahead!

Keeping Shipshape

During the forty-year cruise ahead of him his main work will be to keep his craft in good running order, to stay on the course, and to navigate skilfully when "the stormy winds do blow," and to avoid those hidden rocks and shoals, which beset his course. I shall indicate briefly the personal application of these navigating principles. We should keep ourselves in the best physical condition possible. To the ordinary rules of common sense applied to diet, hours of sleep, and avoidance of excesses should be added the annual health examination. Why wait for some part to break and imperil the whole ship or make it a derelict? The good captain puts his boat into dry dock at intervals for a thorough overhauling, to replace or renew parts showing signs of wear, to scrape the barnacles off the hull, and give it a fresh coat of paint. We should do no less with our craft. In addition to the annual health examination, the individual needs periods of complete absence from work, so that his mind may be renovated by nature and refreshed and made more vigorous for the work ahead. If possible the annual vacation should be taken in at least two installments.

The human ship differs from the marine ship inasmuch as we put into a convenient harbor at the end of each day's run, and drop anchor until morning. These ports are our homes, our friends, our relaxations, and our hobbies. These are literally re-creations for us. The protection and love of our family, the friendly mingling with our fellows, the new interest of the game of golf, tennis, bridge, conversation, good books, drama, art,—all these and similar types of recreation will enable us to work better on the morrow. Special mention should be made of the hobby. The hobby is particularly necessary to those of us who do not get full satisfaction from our work of navigating. Not all of us are good sailors, and if by force of circumstances we are in some type of work which is disagreeable to us, but for our daily bread and the protection of our dependents must still be adhered to, then by all means have a hobby. From it you will derive the satisfaction that your job should give you, but so often does not, and from it, night after night, you will derive the strength and courage to go on with the daily task. Persons who are perfectly happy in their work perhaps need no hobby. To them their work is their hobby, but these people are few. Most of us find life difficult, and need work outside our job to give us satisfaction.

Rules of the Sea

There are well-known navigating rules, which we might call mental hygiene principles. *Care* means alertness of mind, keen interest in our job, and the exercise of caution at all times; in the word *courtesy* are bound up all the social and friendly tendencies which we should cultivate so that our journey need not be a lonely one, but we shall be willing to give and receive friendship and helpfulness. The unfriendly or asocial individuals never get nearly so much satisfaction out of life's voyage as the courteous, friendly individual, and are in much greater danger from the sea and the storms if they refuse to join the friendly fleet. The two words, "*common sense*" mean, of course, the best application of our intelligence to the navigation problems that arise. This may appear to be a very obvious deduction, but the number of people whose chief guide is not common sense but rather their emotional reactions, their prejudices, likes and dislikes, and the mechanisms of rationalization and pro-

jection. These are non-rational and are closely linked up with our instinctive drives. The lower animals use their emotions and instincts as their only guide to conduct and they are successful—for the uncivilized animal. They are not good enough for the civilized human, and we must be constantly on the alert to see that these forces within all of us are directed and guided by reason, rather than the reverse.

Riding the Storm

We should remember, too, that in fair weather any kind of craft can sail along comfortably even with an indifferent navigator. The real test of the sturdiness of our craft, and of our skill as navigators comes with the storms of life. These storms are the financial reverses, the business worries, the domestic difficulties, the physical illnesses, the loss of dear friends and relatives, the social disappointments, the misunderstandings, the undeserved temporary defeats, and other kindred shocks and stresses that discourage and torment us. If in fair weather we take all the credit for our success and become conceited, patronizing to others, self-satisfied and careless, then the storms and hidden dangers of the sea may find us ill-prepared to deal with them.

In such times there are at least two unhealthy reactions, which are commonly seen, both of which are due to our inability to be honest with ourselves, and the situations we are facing. We should remember that it is much less easy to be honest with ourselves than with other people. The first of these we will call *rationalization* and it really is an attempt to excuse ourselves for some degree of failure due to our own carelessness or lack of capacity. We try to make our excuses reasonable. The following examples will perhaps explain this type of reaction more clearly: our jealousy of the superior ability of a rival or subordinate may make us unduly critical and severe towards him; our laziness we excuse on the grounds that we need more rest; our failure to do certain things expected of us, we explain as having been too busy. Keep in mind that we are never too busy to do the things we really want to do. Criticism from a superior we rationalize into a feeling of self-pity and ideas of persecution. Do we say that the success of a rival is the result of good luck or some special influence he has with the higher powers rather than being willing to admit that perhaps he has ability superior to our own?

The second unhealthy mechanism we often employ is known as *projection* and is related to rationalization. It consists in the firm refusal to admit that any of our failures or delinquencies might be due to any fault in ourselves. Therefore if they are not caused by our neglect or error, they must be due to the fault or defect of some other party. We project on to others the blame that we should have placed on our own shoulders. We refuse to be honest with ourselves and shut our eyes to the facts. These unhealthy mental reactions can lead only to unhealthy results and may form the basis for the development of definite delusions.

Honesty is the best policy, therefore, not only in business but in mental hygiene as well, not because of ethical reasons alone, but because we do not wish to place our mental integrity in jeopardy. Thus when the waves surge about us, threatening destruction, when the gales blow us off the course, when we are in danger from hidden rocks and shoals, we shall not give way to frenzied crying, to temper tantrums or recriminations, but we shall keep calm in our souls, we shall practise self-control, we shall be confident of our own strength, and skill, as well as the sturdiness of our craft.

Haven

And at the last, battered and worn, scarred and twisted a bit, perhaps, but with flags flying, we shall enter the har-

bour we set out for so many years ago. We shall give up our cargo, having carried it well and proudly, and we shall receive the commendations of the Harbor Master. We shall not rust out in this last harbor, but having finshed our work, we may still be used as training ships for the next generation of youthful mariners, who shall take our cargo aboard their younger and stronger vessels, to set sail for their ultimate goal. *Well done, good ship!*

THE CANADIAN SCENE

In the series of articles appearing under the caption of *The Canadian Scene* an attempt is being made to do three things:

1. To outline and to analyze the criticisms commonly made by the public concerning nursing service.

2. To state the case for the defence from the point of view of nurses themselves.

3. To suggest the first steps which might be taken toward the correction of the existing economic maladjustments which weigh as heavily upon nurses as they do upon the public.

In the April issue of the *Journal* a beginning was made toward formulating a brief for the defence. While admitting our culpability on some counts, it was pointed out that the failure of the public, and particularly of women in households, to differentiate between the problem of nursing care and that of domestic service sometimes leads to a misconception of what may justly be expected from private duty nurses in the home.

Faults in Education

In an article which will appear in a future issue, more extended reference will be made to those criticisms of nursing service which, to a large extent at least, are distinctly traceable to weaknesses in the educational programs of our schools of nursing. It is apparent that nursing care in hospitals frequently seems to the public to be hurried and impersonal. Nor do public health nurses always display that wisdom and tact in dealing with social situations which gains public confidence. Faults like these, as will be shown later, cannot be corrected until our system of nursing education is freed from the economic shackles which at present limit its growth and development.

Where the Real Trouble Lies

Before tackling this aspect of the problem it will perhaps be wise to deal briefly with the most serious complaint of all. Both the public and the medical profession are firmly convinced that although continuous care by an individual nurse is sometimes necessary if the patient's life is to be saved, the cost of such care is prohibitive so far as approximately one-half of the population is concerned. That this complaint is well-founded is unquestionably true. Recent studies, the findings of which cannot be gainsaid, prove it to the hilt. But the question now arises as to how far nurses may justly be held responsible. To begin with, nurses are certainly not responsible for a social and

(This is the sixth in a series of articles dealing with nursing conditions in Canada.)

economic system which forces almost half the population to seek a precarious living at, or sometimes below, a subsistence level. Nurses had no part in creating such a system. Many of them are themselves the victims of it.

Furthermore, there has been until very recently an utter failure on the part of the public, and, unfortunately, of the medical profession, to admit that there is any cause for lack of continuous nursing other than that "nurses' fees are too high." Dr. Weir's *Survey* in Canada, and the work of the Committee on the Costs of Medical Care and of the Committee on the Grading of Nursing Schools in the United States have furnished ample proof of the fallacy as well as of the gross injustice of this assumption.

The Psychological Element

The public is made up of human beings who quite naturally object to spending money on things they do not enjoy. Illness is enough of an evil in itself without having to pay for it. The psychological element, therefore, asserts itself, once more to the detriment of the nurse. Even under favourable economic conditions her presence in a household is a symbol of pain and anxiety. In most homes she is also a symbol of economic loss. It is bad enough to need her services—it is worse still to have to pay for them.

While we, as nurses, should understand and even sympathize with this instinctive reaction, it does not follow that we are forced to admit that it is either reasonable or right. Regarded in the cold light of logic, it has no justification whatsoever. Logic and reason, however, do not come into play because emotional strain is present and we are therefore forced to attempt the difficult task of taking our own part without seeming mercenary and heartless. This is a necessity which, so far, we have not faced. We have dodged the issue, partly because we rather like the pose of being above material considerations.

Educating the Public

It has been said that nursing service, at its best, cannot be rewarded in terms of money. This is profoundly true. Yet it is also true that the labourer is worthy of his hire and cannot live unless he obtains it. Nurses must somehow find a way to make it plain to the public that the problem of providing continuous nursing care to the critically ill patient cannot be solved by forcing the earnings of the private duty nurse to a point below the subsistence level. The risks of loss or property by fire or by theft are provided against by means of insurance on a co-operative basis. Life is the most precious of all possessions, and in order to save it the skilled service of a nurse is sometimes indispensable. If a police force and fire brigade can be organized on a co-operative basis so that protection of the *individual citizen* is assured, so can a nursing service. In most well-organized modern communities, hospital and public health nursing services have already gone far on the road to socialization. There is no good reason why we should not go a step farther and transform private duty nursing into an efficiently directed and economically operated public utility.

Such a radical change will imply personal sacrifice in terms of money and of effort. Some hoary old traditions will have to go by the board. A few special privileges will have to be surrendered. But, if in the end, we win through, we may find that we have rendered a conspicuous service to the public and, at the same time, immeasurably improved the economic status of the rank and file of our own profession.

(To be continued)

WIDENING HORIZONS

Contributed by "An Old International"

Is it not rather wonderful that although situated almost in the heart of the world's largest city, Bedford College and Fifteen Manchester Square both have their gardens? But their windows overlook, and their doors open, not only upon these gardens—they open to the world!

AN EXCURSION TO CANTERBURY

It was indeed a happy and practical act on the part of the League of Red Cross Societies to have established in 1920, as part of their peace-time programme, an international course for public health nurses, giving students from many lands an opportunity to live and study together for a year, to discuss common problems and develop international friendships and understanding. In 1924 a second course was started for hospital administrators and teachers in schools of nursing. These two postgraduate courses have, since 1921, been established at Bedford College for Women, in conjunction with the College of Nursing, with the co-operation of the British Red Cross, various nursing, educational, social service and health authorities. In the past twelve years no less than two hundred and thirty-one students (including six Canadian nurses) from forty-two countries, have secured their certificates, and are now scattered over the earth, some working in the cold north, and others under tropical skies, but with the same spirit and ideals of service.

Bedford, a pioneer amongst Colleges for Women, has a history dating back almost ninety years. The College forms part of the University of London, and is honoured in having as Patroness, Her Majesty Queen Mary. There is a registration of over six hundred students, a number, apart from the nursing group, coming from other lands. Situated in the heart of Regent's Park, the grounds are of course delightful, with glorious daffodils and tulips in the Spring. The Royal Botanical Gardens are just across the drive, and the lake offers facilities for boating between lectures for the really energetic. Lectures are taken with the social science students in such subjects as economics or psychology, while the small coaching and discussion groups provide opportunity for the students to meet and know many of the lecturers personally.

Many readers of the *Journal* know London and have visited the priceless Wallace Collection in Manchester Square, close to Selfridge's and within a few minutes' walk of Oxford Circus, Bond Street, the Marble Arch and many points of interest. Come then, just across the square, to visit, "Number Fifteen", a delightful old town residence of the Georgian period, now the London home of nurses from many lands. Inside you will feel the homelike atmosphere and notice the beautiful doorways and ceilings, comfortable chairs, the grand piano

FIFTEEN, MANCHESTER SQUARE

and the pictures from foreign countries, some bearing Royal autographs.

You will also enjoy having a glimpse of the students' rooms, simply furnished, but each quite distinctive, for the name on the door tells the name of the country responsible for the furnishing of the room, and gives the clue as to what we may expect to find within. Some contain exquisite hand embroideries from Euro-

FIELDWORK IN FRANCE

pean countries, in others may be found pieces of pottery or pictures, a specially woven rug, or drapes, all national in character. Canada (in Manchester Square geography) is found between Italy and China, and is a sunny room, furnished with yellow-toned Canadian homespuns, Murray Bay blankets, and pictures of Canadian mountains and plains.

After dinner, while you sip your coffee in the drawing room, and enjoy the warmth of the open fire, you will have the opportunity of meeting the students, including perhaps tall, dark-eyed Spain, fair-haired vivacious South Africa, and dear little Japan with her graceful bows and expressions of thanks. Indeed, if you are very fortunate you may be a visitor some evening when a distinguished guest is present. Mahatma Gandhi, during his memorable visit to London in 1931, spent an evening, quite informally, at 15 Manchester Square, to the great delight of all privileged to be present. In any case, before the evening is over you will understand why, when speaking of Bedford College, an International simply must also speak of the Residence, — for Fifteen Manchester Square is home!

It has been said that the Easter vacation at Bedford should be called, Easter adventures, into new realms of discovery, for the hospital administration students may scatter to spend their time in hospitals as far apart as Glasgow and Copenhagen, while the public health students also scatter to various parts of Great Britain or to the Continent. It is a month of work, observation and study, highly spiced with play in off-duty hours!

The League must surely possess a master key, judging from the many doors that open to International students. Famous hospitals such as St. Thomas's, Guy's, the Pasteur Institute in Paris, the Edith Cavell hospital in Brussels, and public health departments in and out of London all endeavor to gladly give of their best. There are also, each week, group excursions to visit institutions of every description, — factories, health centres, special schools, prisons, refuse disposal depots, and Truby King Centres. On one such occasion, seeing so many fair ladies following in the wake of a learned doctor, a street urchin was heard to ask if the gentleman was a Mormon, out with his wives.

Meanwhile, in spare moments can you not picture the students enjoying English

STUDENTS IN NATIONAL COSTUMES

life in general? The classic Oxford-Cambridge boat race, Covent Garden before daybreak on Christmas Eve or at Easter. London on the night of a general election, the Lord Mayor's Show, Christmas shopping at Liberty's (yes, and Woolworth's) or the thrill of occasionally seeing little Princess Elizabeth out driving, beaming with smiles and so full of life, the living personification of the little Princess of our childhood dreams.

Dear old England, with her shadows, fog, and sunshine, her slums, but also her fields filled in Spring with swaying daffodils and bluebells, who could help but love her varying moods?

Six Canadian nurses have taken the International Course at Bedford College: Jean Browne in 1920-21; Nora Moore in 1921-22; Isabel Manson Prince in 1926-27; Ruby Hamilton in 1927-28; Cory Taylor in 1928-29, and Kathleen Ellis in 1929-30. Of course, such a year passes all too quickly, but never a day slips by without some seeds having been dropped or planted in the garden of memory, and as Kipling has truly said: *The glory of the Garden lies in more than meets the eye.*

A TRIBUTE TO MISS SNIVELY

As the months since her death go by there is increasing evidence of the widespread and beneficent influence exercised on nursing by Mary Agnes Snively. The latest tribute to her memory comes from the League of Nursing Education in the United States. The dignity and simplicity of the language used in the following resolution of sympathy passed at a recent meeting of the Board of Directors admirably reflects the affection and respect which prompted it:

Whereas, in the death of Mary Agnes Snively, a pioneer and leader in the development of American nursing, the National League of Nursing Education has lost one of its life members, the Board of Directors of the National League of Nursing Education hereby record their sorrow in the loss of one who was a charter member and the fifth president of our organization, and express their appreciation of her long life of devotion to the cause of nursing education and to the highest professional ideals. This expression of appreciation is to be sent to her family and to the Alumnae Association of Bellevue Hospital School of Nursing, and also to the Alumnae Association of the Toronto General Hospital School of Nursing.

Canadian nurses will be deeply touched by this expression of sympathy in the loss of a leader the quickening influence of whose spirit extended far beyond the boundaries of her own country.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association.

Announcements made in the April issue of the *Journal* have had a most stimulating effect on Canadian nurses because of the fact that the news of the gift from the Nightingale Fellowship of St. Thomas's Hospital made us realize how strong is the imperial bond and how truly international is this Memorial Foundation. Nurses in the different provinces are discussing ways and means of raising money to meet the provincial quota. In some cases the various alumnae and other nursing associations are giving direct grants from their treasuries, which perhaps, under existing conditions is less of a personal tax than asking for individual subscriptions. Others are planning for bridge and garden parties. One group of student nurses is making the annual tennis tournament a means of doing their share in aid of the Foundation. All provincial conveners have already been heard from and although donations have so far been received from three provinces only, several others have announced pledges of various amounts. In a few cases the promises are for this and next year only, while others have notified their conveners of their intention of making annual subscriptions for the next four or five years. The following is the list of subscriptions already received as at March 28, 1934:

ALBERTA

Alberta Registered Nurses (private duty section)	$ 10.00
Calgary Association of private nurses	10.00
Lamont Hospital Alumnae Association	10.00
Staff of the Central Alberta Sanatorium	5.30

BRITISH COLUMBIA

Vancouver Graduate Nurses Association	$ 40.00
St. Paul's School of Nursing, Vancouver	30.00
Vancouver General Hospital Alumnae Association	25.00
Vancouver General Hospital Student Nurses	25.00
Tranquille Sanatorium Graduate Staff, Tranquille	18.00
Science Girls' Club, University of B.C.	15.00
Prince Rupert General Hospital, Prince Rupert	12.00
King's Daughters Hospital Staff, Duncan	10.00
Jubilee Hospital Alumnae Association, Victoria	10.00
R. W. Large Memorial Hospital, Bella Bella	10.00
Sisters of St. Joseph, Comox	10.00
St. Eugene Hospital Alumnae Association, Cranbrook	10.00
Misericordia Hospital, Rossland	5.00
Miss Thatcher, Windermere Hospital, Windermere	5.00
New Westminster Graduate Nurses Association	5.00
Cowichan Health Centre, Duncan	3.00
Miss R. I. Stone, Cobble Hill	2.00
Saanich Health Centre	2.00

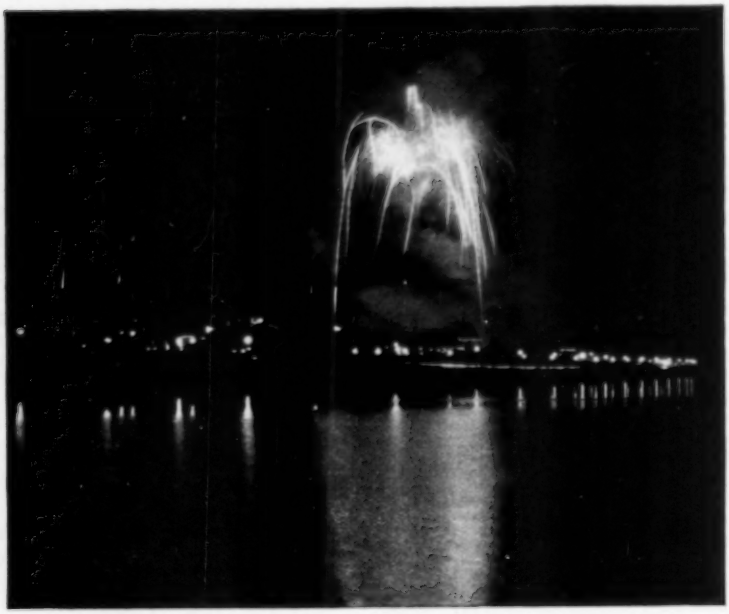
ONTARIO

Toronto General Hospital	$100.00
Grace Hospital A.A., Toronto (donation for 5 years)	50.00
Ontario Hospital A.A., London	50.00
Ontario Division, Canadian Red Cross	25.00
Brantford General Hospital A.A., Brantford	15.00
Graduate and Student Staff, Ontario Hospital, New Toronto	13.03
Hospital for Sick Children A.A., Toronto	10.00
St. Joseph's Hospital A.A., London	10.00
Community Health Association of Greater Toronto	10.00
Hamilton General Hospital A.A., Hamilton	10.00
School of Nursing A.A., Toronto	10.00
Hôtel Dieu Hospital A.A., Windsor	10.00
General Hospital A.A., Niagara Falls	5.00
Princess Beatrice Chapter I.O.D.E., Port Arthur	5.00
Overseas Nurses' Club, Toronto	5.00
Isobel Hampton Chapter I.O.D.E., London	5.00

This list is not complete since it acknowledges only the donations already received at the date on which the JOURNAL *goes to press.*—Editor.

WHY ATTEND THE BIENNIAL?

Because Toronto is celebrating its Centennial and will be en fête for the occasion . . . Because the Canadian Nurses Association is having an important birthday too . . . Not a century old, of course, but a quarter of one . . . Because there is a good stimulating programme . . . Because a number of important projects are to come up for discussion and you ought to take part . . . Because there is going to be a beautiful and historic Pageant of Nursing in Canada . . . Because there is to be a banquet and a garden party and a high tea right out in the country . . . Because you will meet old friends and make new ones . . . Because this has been a long, hard winter and it will do you good to have a change . . . Because you will be able to exchange ideas and experiences with others who are struggling with the same difficulties that you are . . . This helps to raise one's drooping spirits . . . Because there are to be interesting professional and commercial exhibits which will set you thinking along new lines . . . Because Canadian nurses live and work in a vast country which makes personal contact difficult . . . Because without such contact there can be no national unity or understanding . . . There are a lot of other reasons but these seem enough for the present . . . Remember the date . . . it is June 25 to 30 . . . the place is Toronto . . . and the girl is you . . .



FIREWORKS ON THE LAKE FRONT, TORONTO

THE EDITOR'S DESK

Follow the Gleam

This year, as last, the *Journal* welcomes the graduating classes now ready to begin the independent practice of their profession. While it cannot yet be said that good times have come again, perhaps it is true that the worst of the economic storm is over. Of one thing we may certainly rest assured: there is plenty of work to be done even if there is not much money to pay for the doing of it. Nurses are needed as never before and the public is beginning to realize it. Perhaps the first faltering steps have already been taken to bring together the need and the fulfilment of it. If this be true we can take heart again, for the class of 1934 may yet set out on a new and beautiful adventure.

Help Them to Begin

Time was, not so long ago, when it was easy to paint, in glowing colours, the future of the successive graduating classes. Today those well-meant platitudes sound just a little hollow and we must seek words which convey something more than empty promises and a vague goodwill. In commenting on the present situation with regard to unemployment among nurses, a physician recently said that the services of student nurses in hospitals are paid for in terms of promissory notes of future professional opportunity which are sometimes repudiated when they are presented for payment. Unfortunately there is something in this comment, bitter though it be. Hospitals cannot entirely escape all responsibility for the women who are graduated from the schools of nursing operated and controlled by them. Nor, to do them justice, do they usually seek to do so. This year, more than ever before, the graduating classes will look to the schools which gave them professional education to do all they can to assist them in establishing themselves in practice. Members of the boards of directors should be informed concerning the difficulties with which these young women have to contend. These men and women are frequently persons of influence in their communities and are therefore in a position to help with plans for enlarging the field of possible employment. Bouquets and dances and general jollifications are all very well, and even in hard times, are perfectly justifiable. But what the new graduate needs is a job, and for this homely necessity no satisfactory substitute has yet been discovered.

Health Through the Ages

The Metropolitan Life Insurance Company has recently published a most valuable booklet entitled "Health through the Ages" written by Dr. C. E. A. Winslow and Grace T. Hallock. In its sixty-four charmingly illustrated pages will be found an excellent and authoritative outline of the evolution of the public health movement from the Stone Age to our own times. Copies for use in schools of nursing may be obtained, free of charge, by writing to Dr. N. L. Burnette, Welfare Division, Canadian Head Office, Metropolitan Life Insurance Company, Ottawa, Canada.

Fraudulent Agents

We regret to say that, in spite of the warnings sent to every nursing association and hospital in Canada, reports continue to come in concerning the activities of fraudulent agents. At least two of these persons represent themselves as authorized to offer a combined reduced rate for *The Canadian Nurse* and *The Trained Nurse*. Yet another offers a combined subscription with a well-known popular magazine. All of these agents are frauds. The *Journal* offers a combined rate with the *American Journal of Nursing* only, and has no similar arrangement with any other publication.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

Correspondence

Getting Together

During February I called a meeting, at the hospital, of the registered and graduate nurses residing at Shawinigan Falls, Quebec. The attendance was good and the nurses were glad to come and discuss the situation here. I told them they could do nothing alone, but that they should form themselves into a local association, appoint a president, and a secretary-treasurer, with representatives from each major nursing group to act as an executive committee. The election resulted as follows: Honorary president: Rev. Sister Hélène, Superior of Ste. Thérèse Hospital; president, Miss A. E. Richardson; secretary-treasurer, Mrs. G. Bolduc. The private duty group are represented by Miss L. Bouchard and Miss M. P. Bedard; the institutional group by Miss S. Beaulieu and Miss Ena West; the public health group by Miss G. Leduc and Miss G. Trudel and the industrial by Miss J. Lupien. Correspondence was read from Miss E. Frances Upton, Registrar, A.R.N.P.Q. and from the Montreal Graduate Nurses Association dealing with certain aspects of the private duty situation. An animated discussion followed. The organization of a regional committee to promote the circulation of *The Canadian Nurse*, in this district, was also taken into consideration. A schedule of fees for private duty nursing was drawn up, since this seemed the most urgent problem. Later we hope to arrange for a registry which will serve all the graduate nurses in the locality. All papers, notices, reports and minutes are to be read in both French and English because not all of us are bi-lingual. Two nurses are to be appointed to read and discuss at the April meeting articles dealing with current nursing events which appear in *The Canadian Nurse* and *La Garde-Malade*. In this way we hope to keep abreast of current events in the nursing world.

I feel that we have made a good beginning and that the nurses themselves are doing some really constructive thinking.

A. E. Richardson, Lady Superintendent,
Joyce Memorial Hospital, Shawinigan Falls, Quebec.

In most parts of Canada alumnae associations or local chapters of the provincial registered nurses associations provide a rallying point and a forum where nurses may meet and exchange ideas. There are, however, many of the smaller urban centres where neither of these facilities as yet exists, but where the need of some form of organization is acutely felt. Under such circumstances it seems natural to expect the local hospitals to take the initiative, especially when, as in Shawinigan Falls, the response to enlightened leadership is so thoroughly satisfactory.

Editor.

A Good Word From China

We enjoy *The Canadian Nurse* greatly. It helps to keep us in touch with nursing movements in the homeland. We, here in China, have quite a nice magazine of our own. Nursing is in its infancy and we are greatly hampered, particularly in interior China, because of lack of higher education facilities for girls. However, we do manage to secure some amazingly capable girls who make excellent nurses.

Isabel Leslie,
Superintendent of Nurses, Weihwei Hospital, United Church of Canada, Weihwei, Honan, China.

Not a Luxury

There seem to be so many demands for one's money these days, that one regards magazines as a luxury, and I am sorry to say that is just exactly what I considered our *Canadian Nurse*. But after reading a copy, which a friend kindly loaned me, I have changed my mind and decided that it is not a luxury, but a very real necessity to keep one in touch with nursing activities throughout our country.

Elizabeth L. Sandeman,
Reg. N., Windsor, Ont.

Takes to the Air

I was so afraid that Winnipeg would not have any news this month that at the last minute I discovered the enclosed information and am sending it on by *air mail*. I do hope that it will be in time for publication.

Ellen N. Banks,
Press Representative, Manitoba Association of Registered Nurses, Winnipeg.

Department of Nursing Education

Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

VITALIZING THE TEACHING OF MATERIA MEDICA

MILDRED M. REID, Reg. N., Instructress of Materia Medica, School of Nursing, Winnipeg General Hospital.

Materia medica or pharmacology can be made one of the most interesting subjects in the curriculum of a school of nursing and lends itself to varied types of teaching. It is particularly adapted to the project method in which the students may actually do, almost entirely, their own work with only guidance from the instructor: "purposeful activity carried to completion in a natural setting." Invariably, the student nurse finds it more interesting to seek for herself the source and action of a drug while observing the effects of its medicinal preparation on the patient. Yet this work should not entail extensive investigation and numerous hours of study outside of routine ward duty.

Objectives in Teaching

It is wise to begin by outlining objectives and deciding what one hopes to accomplish. To endeavour to gain in twenty-five hours or so mastery of more than the outstanding drug preparations used in one large hospital is an impossible task. Consequently, one should plan to awaken the student's curiosity in a few drugs to such an extent that she will be sufficiently interested and inquisitive to continue her investigations when confronted with drug preparations new to her. To arouse this active interest it is necessary to draw to the student's attention frequently the actual relation of the patient to the preparation under discussion.

Methods of Teaching

That the student may keep abreast with the newer drugs that come into use day by day she should know where and how to obtain information about them, and various project assignments will assist her in accomplishing this. When assigning studies, memory work should be minimized if we intend to make the subject of practical value and a vital part of the day's activity.

After the introductory lesson we are ready for student participation, which may take several forms. Presuming that the second lesson initiates the study of the stimulants or depressants of the cerebrospinal nervous system, a review of the physiology of that system is the first prerequisite. Such a review is of paramount importance, for, if the function of the part on which the drug acts is comprehended, the main foundation for a clearer understanding of the drug has been laid. The student bases this review upon her previous study of anatomy and physiology.

Making An Outline

With the ward as a clinical laboratory and the patient as the important factor for the observation of the effects of drugs, we now begin the study of caffeine. The following outline with suitable variations has been used successfully and with increasing interest to the student.

Each student is instructed to be prepared to present to the group information regarding caffeine or any of its related preparations, which have been administered on her particular ward, under the following headings:

1. The name of the drug, its source and dosage.
2. Why was it ordered to be given? Describe the condition of the patient.
3. Were there any noticeable effects following the administration of the drug, if so, explain the cause.

4. What nursing care was involved? What undesirable effects were noticed or anticipated?
5. Could this drug be used for other conditions? State which ones.
6. How was the drug administered? Why was this particular method used?
7. Could any other drug (in the student's experience) bring about a similar therapeutic effect? Why does the student think it was not used?
8. What is the approximate cost of this drug in its usual dose?

These headings act as a stimulus for the student and may be changed to suit any drug being studied.

Discussion

Caffeine is now discussed in the group; almost all the information regarding the drug is contributed by the students, a few essentials being supplemented by the instructor. At the end of the class period the drug is classified as to action, therapeutic uses, preparations and methods of administration, idiosyncrasies of the patient, poisonous symptoms and their treatment. The interest shown in this type of study by the student is remarkable, *they actually enjoy materia medica.* This method requires time, however, and class periods should be arranged at least three days apart in order to permit this necessary element. A great many other drugs may be studied in this manner, such as morphine, digitalis, atropine and others.

Assignments

Assignments which require considerable time and study on the part of the student could be planned carefully and given early in the course. Two such projects which have been carried out satisfactorily are tabled below.

Project "A"

Hand in written information, under the following headings, regarding ten or more drugs that you have administered to your patients.

1. The dosage and the method of administration.
2. The reason for the drug being ordered.
3. The therapeutic effects expected.
   The therapeutic effects observed.
4. Obvious symptoms of overdosing.
5. Poisonous symptoms anticipated.
6. Give other information regarding each preparation:
   (a) source;
   (b) other pharmaceutical preparations;
   (c) other therapeutic uses;
   (d) treatment of acute and cumulative poisoning.

In each case give the name of the patient to whom the drug was administered; state the ward on which the patient is receiving treatment; note the diagnosis or tentative diagnosis. Use a separate sheet for each drug; references should be noted and material must be handed in at a stated time.

This assignment serves as a means of relating the theory of drugs with ward practice as it represents an actual study of the drugs given by this student to her patients. The instructor is also in possession of the information which enables her to check the accuracy of the material submitted.

Project "B"

This is a written assignment, which may be prepared sometime during the term, and is suggested by Stella Goostray in her text-book: *Introduction to Materia Medica.*

1. Make a graph representing the growth of medicine from ancient times to the present, noting the main events and contributions in the history and development of materia medica.
2. Make an outline map of the world designating where the crude drugs are grown. Under the heading of the crude drug, list the main derivative.
3. Give the historical background of one drug such as: digitalis, opium, cinchona, belladonna, nux vomica. Describe how it is made ready for use as a medicine and list its related preparations.

The above assignments are preferably for individual study though they can be adapted to group study. Credits should be given for this work and these should be included in the final term mark.

In order that all students in the group may benefit materially by such work it is necessary to have periods of discussion. These afford an opportunity for the teacher to emphasize that the nurse should avoid a censorious attitude when drugs are employed for purposes other

than she has observed as therapeutic uses. It should also be pointed out that methods of administration change from time to time and the opinion of physicians differs as to the value of some drugs in various diseases.

Students have shown remarkable ability and originality in preparing assignments, manifesting intense interest, as is indicated by the detailed work in connection with the projects described above. The concomitant learnings are many, and active participation by the student develops initiative and has proven to be peculiarly gratifying to both students and teacher.

A CABINET OF DRUGS USED IN TEACHING MATERIA MEDICA AT THE SCHOOL OF NURSING OF THE MONTREAL GENERAL HOSPITAL

Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

PUBLIC HEALTH AND THE SMALL TOWN

PAULINE JACKSON, Private Duty Nurse, Woodstock, N.B.

Not long ago the question of a public health nurse for our small community was raised. For a time it seemed certain we should have one, but after many plans, and much discussion, the idea was abandoned, because the community was unable to raise the necessary funds. The money which the town might have granted for this purpose went toward the upkeep of a free dental clinic, a much-needed item in itself, but supplying only one of the many public health needs.

Perhaps if the town council and the community as a whole had understood the necessity for a public health nurse they would have made a greater effort to raise the necessary funds. Some of the citizens were opposed to the idea for the reason that there was already an over-supply of nurses in the town. Quite true! There is also an over-supply of teachers, but parents would object most strenuously to the school board employing, as a language or a science teacher, one who has only the superficial training in these subjects required for the common school. The school board requires, and the parents desire, teachers who have received special training. Similarly, the community needs as a public health nurse, one who has specialized along certain lines and is capable of lecturing, and doing clinic work, and a good organizer.

Where the Public Health Nurse Comes In

I read, not long ago, in the public health page of one of our leading periodicals, this statement: "Ninety per cent of our health enquiries come from small towns and rural districts and fifty per cent of those enquiries, although of great importance to those who ask, do not require a medical man's attention." These are questions of hygiene and sanitation, of weights and diets for infants and children, of pre-natal and post-natal care, which any qualified public health nurse is capable of answering. One woman wrote, "Please do not think my question is a foolish one, or fail to answer it, because it is of the utmost importance to me, and please do not refer me to my family doctor, because I live in a community of six thousand with only three resident doctors. Births, deaths and operations keep them too busy to bother with anything so trivial."

Only too often we find unsatisfactory health conditions existing in small communities which would be shocked if one accused them of having a slum district. There are very few centres where they do not exist. Slums really mean unhealthy dwelling places; a fairly common condition in all communities. In cities where every district has its own hospital and health centres, and nearly every third house seems to be a doctor's residence, there are free clinics in abundance. We find V.O.N. and public health nurses, social service and "follow-up" nurses, while small communities have not only a scarcity of doctors and hospitals but must do without the rest. The school doctor makes his rounds regularly and the health report cards are handed to the parents. Perhaps he remarks that Willie needs his tonsils removed, Jane needs her teeth filled or Mary is underweight. And, in the majority of cases, on his next call, he writes the same reports for the same children. And why? Because Willie's or Jane's or Mary's parents are careless, or cannot afford to have the necessary

work done, and there is no one to follow up and find out why or take the necessary steps to get something done.

Paying the Price of Neglect

We admit large numbers of free patients to our hospital wards, the greatest percentage being surgical, medical and malnutrition cases. We spend time and money on them and, as soon as they have recovered, discharge and promptly forget them. Mrs. J. has a serious surgical operation which costs the town a good bit of money and herself a large amount of suffering. She makes a quick recovery and is discharged, probably to go to a home where she is obliged to look after herself or to begin work immediately. In a short time she is in a worse physical condition than before the operation. Her suffering and the care and expense have been in vain. She advises her friends against operations and hospitals. Just another case where the operation was successful but the patient received no lasting benefit because she had no follow-up care. The same is true of the medical and malnutrition cases. They return to the homes they came from, only to be readmitted to the hospital later.

The Cost of Ignorance

A great deal of progress has been made in the line of obstetrics and pre-natal and post-natal care, with the death rate for mothers and infants materially lessened in some circles, but not among the poorer classes. Their progress has been very slow. They do not understand sterile precautions nor diet before or after the birth of the baby. Go into one of these homes a few hours after delivery and one finds the patient's room full of flies, visitors and odors. Six or eight visitors, all talking at once, holding and kissing the baby and advising everything from brandy to soothers. The young mother listens and tries all of them if she escapes blood poisoning and survives getting up on the seventh or eighth day. The baby, if it is born lucky, survives too, a fit subject for free hospital care later on. Many of these homes are not so poverty-stricken but that they could supply the necessary things if they knew what the necessary things were. They are just ignorant or careless and have no one to teach them better.

The spirit of competition is a strong factor in human nature. Start a better baby clinic and offer a prize for the best baby. Get Mrs. Jones interested, and Mrs. Smith and Mrs. Brown will decide right away not to let her put anything over on them, nor let her baby get away with the prize if they can help it, and so they enroll, and once interested they continue to be. After all, what parents are going to refuse their children the chance for health if it is persistently presented to them? Malnutrition does not only exist in the slums. And people of all classes take advantage of baby clinics. What a thrill if Mrs. Brown's baby from obscure Mill Street gained the prize for a better baby over Mrs. Fraser's from select Saint John Street.

Control of Tuberculosis

Not long ago I went into a home where there was a case of tuberculosis. The patient, a young girl, was lying on a couch covered with dirty blankets. The sister that attended her was dirty. A dirty sore-eyed cat lay beside her. It was on a fashionable street and in a large house, yet the patient was lying in the only room that they could afford to heat, a combined kitchen, living-room and bedroom. No doors or windows were ever opened except in extremely hot weather. Proud but poverty stricken, they refused to sell their home or to accept aid. And so they remain a menace to that community. The only bright spot in the dreary picture is that there were no little children in the house. Unfortunately, in homes like these, there so often are. In another section of the town there was another patient in a house which was much cleaner, but had that stale, musty odor

found in airless houses where there is a consumptive patient. Unfortunately, that house of five rooms was the home of fifteen persons. Ten of them were children ranging from two weeks to sixteen years of age. Very little chance that all will escape tuberculosis. These are only two of similar cases in our community and other communities like it. A community nurse could do much towards rectifying these conditions and teaching these people better health rules.

Interpreting Community Needs

At any time there is plenty of work for a community nurse to do, but in times of depression there is more. People do not need actually to starve or freeze to death, the relief officer will save them from that. Potatoes, bread and oatmeal can be got, but in a family where there are four or five children under school age they require milk each day, and this is an item which relief does not always look after. They need vegetables, cod liver oil and clothes as well and do not always get them; and not because people who are able to are not willing to help.

Our community is singularly kind-hearted. Hundreds of dollars in money, and boxes of clothes are sent away every year for missions and poor people because these needs are constantly presented to their minds, and once they get really interested in a cause they keep on supporting it. No man or woman who could help it would let children suffer for food or clothes. The trouble lies in the fact that they do not know the requirements and there is no one to tell them. With co-operation and organization, such cases could be remedied. Truly, though this generation has to bear the burden of depression, it is the coming one that will really get the brunt of it, for they start in life so handicapped.

A community nurse could do much in following up school and hospital work and could give health, pre-natal and child welfare lectures. Though she could not accomplish much in the line of clinics and poor relief, she could co-operate with the doctors and the public and get them to co-operate with each other. She realizes the need of co-operation, and has learned to lecture and to organize, and knows how to educate people toward better living conditions.

Finding a Way

Perhaps some plan could be made whereby unemployed nurses could do this work, but unless under a competent head and well-organized, it would doubtless fall short of success. Some communities are not able to pay a full-time salary to their community nurses and pay them only for each call that they make, which after all is a great deal better than being without one altogether. A public health nurse can save her community each year, a great deal more than she costs it. A community that employs one, shows not only good business sense, but also good common sense and that they have the welfare of the whole people at heart.

Department of Private Duty Nursing

Convener of Publications: Miss Jean Davidson, Paris, Ont.

A NURSING ALLEGORY

CATHERINE de NULLY FRASER, Private Duty Nurse, Montreal.

I once saw a motion picture representing the interior of a flower shop and, as one gazed, the petals unfolded and a girl's head peeped out of each flower. Let us enter this same kind of make-belief land for a few minutes, and try to picture the interior of a large book store and lending library combined, and to imagine the book opening and a nurse's capped head peeping out from between the leaves of each volume. Now the puzzle is to find just where our nursing groups are located in this strange imaginary book store, and then to find in what way they resemble the type of books to which we will compare them.

First of all here are the new books, our latest publications and first editions, very fresh and crisp, and attractively bound. These are the débutantes of the book world, "just out," and reviewed in the press, with the publisher's imprint fresh upon them. We can easily distinguish our graduating classes here,—the young nurses who have passed their registration examinations, and are ready to practice independently.

Next we come across the "reprints" or revised popular editions of publications, with earlier faults amended, and supplements added; after a moment's consideration, we see in these our postgraduates, who have specialized in various branches of the profession or have qualified for scholarships. Then here are the educational books; the children's section; books on health and those dealing with social problems. We can easily place our nurses where they belong in these divisions and subdivisions.

On a news-stand in the front of the store we find the morning and evening "dailies" and current periodicals with their serial numbers. This at once suggests the Victorian Order and our other hourly and district nursing organizations.

As we enter the lending department and look around, we find it symbolical of the private duty section, with our registrar as librarian. Although advertising itself as a medical library, you can obtain here something of what a general library offers by way of novels and novelettes and travelogues. The public are wrong if they think our library can supply nothing but walking encyclopedias on nursing matters. To judge the merits of a person or a book takes more than a casual glance; it requires careful perusal. A librarian tries to find out before she recommends a book just what is wanted by the subscriber. If fiction, whether romance or mystery is preferred, and if the ultra-modern novel or the simple unsophisticated story is the type that would have the greater appeal. In the same way our registrar does her best to supply the nurse to suit the individual patient, according to whether it is a medical, surgical or obstetrical case, and whether a house or hospital call.

To make a lending or circulating library a success, the librarian endeavours to keep the circulation active. In other words the intake and the output must be kept well balanced or something is amiss. When a librarian finds her library getting over-stocked she has a "clearing out" of a certain number of books to make room for the new ones that pour in from time to time. These discards are put into a category by themselves, and it is the

(An address read at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, January, 1934.)

librarian's policy to dispose of them on special terms, and not to rent them out by the day any longer. These books represent those nurses on the registry, who object to being shelved before age or health requires it, and would rather take work at a reduced fee if it is to be of a more permanent nature, such as nursing chronic invalids. We cannot all expect to remain best sellers right to the end of our career, nor to compete with the books of the day in popularity.

The term "discard" is perhaps unfortunate, as many of these books have been general favourites. Naturally some of their covers may show signs of wear and tear after being in the service of the public for years. Then some good books lack in local interest and are less in demand on that account. This assorted collection constitutes the "book bargains," which sounds better than "discards," though the librarian would be indignant if you suggested that she implied that her "discards" were no longer of any value or interest. The library gives a good deal of space to its discards or book bargains, and they are usually well advertised and advantageously placed so that the public can take notice of them.

The usual plan for dealing with the over-supply of nurses seems to be the same as that advocated for the wheat crop, which is to limit the production. Possibly this may be found necessary to some extent, but if we follow the library method, it would lead us to clear out the old rather than keep out the new. Rather than close the door completely let us find some other outlet for our energies, along other lines which our knowledge of nursing and our nursing experience can still be of use.

In the January number of *The Canadian Nurse** this statement is made: "If the community were in a position to pay for adequate nursing service for all its members, the present apparent surplus of nurses might be transformed into a shortage." Possibly it might also be said that if all the poor were in a position to pay for adequate food, the apparent surplus of wheat might be transformed into a shortage. The supply and demand question is exceedingly complex. Those who have studied the report of our Canadian *Survey* and have read some of its statements and conclusions will realize what difficulties we are up against. Even in England, *The Nursing Times* (the official organ of the College of Nursing) reports a conference on the over-supply of private nurses, forty-eight per cent of whom experienced unemployment last year. Yet a sentence in *The Canadian Nurse* asks this question: "How can visiting nursing make its way into the prisons of our country, where it could be so unspeakably helpful?" If this is ever possible of accomplishment, the private nurses now unemployed might like to be able to nurse back to health, physical and mental, some of the poor discards of society as prisoners might be named.

This question was once put to me: "Do you think that you have been successful in your professional career?" My answer is that compared with what others have achieved my accomplishment is not worth talking about; and there has been sufficient discouragement to offset any success I may have had. Nevertheless, during thirty years of practice, I have nursed in the neighbourhood of three hundred private patients in five countries and in thirty hospitals. Here at least is one volume from the "lending library" which has had "a good circulation"—and if variety is the spice of life, I have found enough to make mine full and happy.

(*See *The Canadian Nurse*, January, 1934, p. 7.)

ANNUAL MEETING OF THE GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

The annual meeting of the Graduate Nurses Association of British Columbia was held at the Royal Columbian Hospital, New Westminster, on April 2nd and 3rd, 1934, with a very good attendance. The morning sessions proved specially interesting to each section.

A panel discussion organized by Miss Margaret Kerr, M.A., R.N., proved to be of outstanding value. The main topic was "The Student Nurse of Tomorrow", and nine nurses, most of them associated with the teaching departments of schools of nursing in British Columbia, contributed to the discussion under one or more of the following headings:

1. The selection of the student.
2. The orientation of the student; her personal and social development.
3. Discipline of the student; the place and value of student government.
4. Responsibility for the health of the student; physical education.
5. The instruction of the student; theoretical; housekeeping; clinical; community.
6. The success of this training from the point of view of a private duty nurse; a public health nurse; an institutional nurse.

Dr. H. T. J. Coleman, head of the department of philosophy in the University of British Columbia, gave a thought-provoking address entitled "Education as a factor in a changing world," and Dr. W. C. Topping, of the department of sociology in the University of British Columbia, made a notable contribution to the programme under the caption of "What is happening to family life?" The report of the Registrar and Inspector of Schools of Nursing was given by Miss Helen Randal and the conveners of committees gave interesting details concerning their respective activities.

It was decided to send four delegates to the Biennial Meeting of the Canadian Nurses Association. The president, the registrar and two delegates to be selected by the Council from names submitted by the local Associations of the Province will represent the provincial association on that occasion. The annual dinner was held at the Vancouver Golf Club, Burquitlam, when an excellent address was given by Miss M. L. Bollert, Dean of Women, University of British Columbia, on "Understanding." Musical selections were generously given by Miss Doris Bews, accompanied by Miss Jessie Peele, both members of the Graduate Nurses Association of New Westminster.

Nurses were present from many parts of the province and, with ideal Spring weather, the meeting was declared a great success.

AN EXPLANATION

In the April issue of the *Journal*, an official statement issued by the Canadian Council of Child and Family Welfare respecting its recent re-organization, was published. In addition to outlining the work to be done in the future by this organization, the following statement of opinion was also made: "This (the re-organization) does not involve any new precedent or principle in the relationship of one of the large voluntary national organizations to a Dominion Department." It should be clearly understood that this opinion is, of course, that of the Canadian Council on Child and Family Welfare, and is not necessarily shared by the Canadian Nurses Association.

Book Reviews

STERILIZATION? BIRTH CONTROL? A book for family welfare and safety, by Helen MacMurchy, C.B.E., M.D., until recently Chief of Division of Child Welfare in the Ministry of National Health. 151 pages with index. Price $1.50. Published by the Macmillan Company of Canada, St. Martin's House, Toronto.

Part One of this volume is devoted to the discussion of sterilization under the following headings: the history of the movement; operations for sterilization; legislation; results of sterilization. Part Two takes up the question of birth control in chapters the titles of which suggest the content: general considerations; popular opinion; scientific opinion; medical opinion; religious opinion; the law and contraception.

There can be no question but that this book will be exceedingly useful to all nurses and especially to those who are engaged in public health activities. While it is not the province of the nurse to give information on either topic, it is nevertheless highly desirable that she should herself have an intelligent understanding of the social and medical factors involved. This volume supplies the elements of such an understanding and the numerous references to the sources from whence the content is derived make it a good starting point for more extended study. Another useful feature is the listing of birth control clinics recently established in Canada. Existing legislation in Alberta and British Columbia with respect to sterilization is quoted in full.

As might be expected, Dr. MacMurchy is scrupulously just in setting forth opposing points of view. There is no attempt to force the issue. The title of the book is itself an interrogation and its aim is to state both sides fairly. In so doing the author has made yet another worthy contribution to the long list of her achievements.

NURSING CARE OF COMMUNICABLE DISEASES, by Mary Elizabeth Pillsbury, M.A., R.N., Instructor of communicable disease nursing, Yale University School of Nursing from 1924 to 1927; advisor for prophylactic techniques, Jewish Hospital, Brooklyn. Third edition. 116 illustrations. 463 pages. Price $3.50. Published by the J. B. Lippincott Company of Philadelphia. Canadian Office: 525 Confederation Building, Montreal.

The rapid progress which is being made in preventive medicine has again necessitated a revision of Miss Pillsbury's book on "The Nursing Care of Communicable Diseases." This text, which appeared first in 1929, is divided into two distinct parts. The first section deals with disease prevention from both a personal and a social point of view. Not only are the underlying principles of control clearly set forth, but emphasis is placed on the opportunity given to each nurse to play an individual part in the great drama of disease prevention. Several techniques are described for carrying out effective isolation under varying circumstances, a private home, a general ward, or a specialized hospital. Excellent illustrations of different procedures are interspersed throughout the book. The second portion of the text deals explicitly with the treatment and nursing care of the various communicable diseases. The clear and concise arrangement of this part of the book is especially to be commended. Each disease is treated under a variety of headings, special stress being laid upon prevention and control and exact instructions are given as to concurrent and terminal disinfection. Any unusual procedure with which the nurse may be required to assist, such as incubation, is described in detail.

Miss Pillsbury has added, in this third edition, an historical review of the care of communicable diseases which shows

the vast change which has taken place in our professional attitude towards this type of sickness. Mention should be made of the excellent bibliography which is included at the end of the volume and which should prove a valuable aid to teachers and students. Blank pages have been left between the descriptions of the different diseases in order to enable the student to make her own remarks and to note any new developments in treatment. This book should prove most helpful as a text book for students and graduate nurses doing public health work will find here a readily available source of concise and definite information.

MARY E. ACLAND,
Instructor, Strathcona Hospital for Infectious Diseases, Ottawa, Ont.

ELEMENTARY TEXTBOOK OF CHEMISTRY, with laboratory experiments. By John H. Guenther, B.Sc., M.A., instructor in chemistry, Omaha Technical High School; Lecturer in Chemistry, Psychology, and Public Health, Nebraska Methodist Hospital; Lecturer in Chemistry and Public Health, Nicholas Senn Hospital, Omaha, Nebraska. 274 pages with index. Price $2.10. Published by The Macmillan Company of Canada, Limited, Toronto, 1934.

Any comments on this book might well involve a criticism of the curriculum which, as the author states, is closely followed by his text. Such criticism would include not merely length of time allowed—45 hours,—but also subject matter, continuity of such matter, and the emphasis placed on laboratory. Leaving these debatable points aside, however, the general impression made by a perusal of this text is that it is admirably written as to presentation of the facts. It is a moot question, though, whether it is not too concise; for should a lecturer in this course be concerned with the presentation of the facts and their professional application, a good text would go far to stimulate the interest of the student if it contains interesting matter just outside the student's actual needs. In a course of this length it might well be pointed out that the use of symbols, formulæ and equations should be restricted to the minimum; thus their early presentation on page 13 without introduction till page 46, and the discussion on pages 55 and 56 require much to be done by the lecturer. The hardest thing to present to beginners in chemistry is the "shorthand of chemistry."

The experiment on page 16 is made unusually complicated for a beginner, as is also the presentation of the carbohydrates. It likewise seems a pity that phenol was included with the alcohols, and that the cresols, etc., were not included with phenol in a separate section even if the curriculum did not so specify. Following this curriculum obviously may omit information of value to the nursing profession.

The above comments have been made from the point of view of a teacher who prefers to present his students with a complete text on which they may thoroughly rely for review purposes, the lectures being considered as a personal presentation to arouse their interest. All things considered, this text may be held to be suited to the requirements of the Curriculum for Schools of Nursing.

W. H. HATCHER,
M.Sc., Ph.D., Associate Professor of Chemistry, McGill University, Montreal.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

At a meeting of the Executive Committee of the Canadian Nurses Association which took place in Toronto during March, reports were received from all nine Provinces. The following excerpts strikingly demonstrate the interesting developments now under way in all parts of the country.

Alberta

The Senate of the University of Alberta has authorized the School of Nursing conducted by the Provincial Mental Hospital at Ponoka to affiliate with a school of nursing associated with a general hospital. A special committee, appointed by the Alberta Association of Registered Nurses, is dealing with the employment question. The loan fund of the A.A.R.N. is being continued, one of its purposes being to assist nurses in making the initial payment of their registration fee which has been reduced from $7.00 to $5.00.

British Columbia

Affiliation with general hospitals for student nurses in schools of nursing associated with mental hospitals is being discussed by the Graduate Nurses Association of British Columbia with the provincial joint study committee and with the officials of the Provincial Mental Hospital at Essondale. Arrangements for reciprocal registration with the General Nursing Council of England and Wales are practically completed; each applicant will be considered on her individual credentials. Special committees are active in soliciting subscriptions for the *Journal*, in raising funds for the Florence Nightingale Memorial, and in the relief of unemployment.

Manitoba

Amendments to the by-laws of the Manitoba Association of Registered Nurses provide that the conveners of the three sections, (Nursing Education, Public Health Nursing and Private Duty Nursing) will be members of the Board of Directors and that the Manitoba Nurses Central Directory Committee will include in its membership a member of the medical profession, appointed by that body; and a lay member who is to be appointed by the Local Council of Women of Winnipeg. Negotiations are proceeding towards the establishment of reciprocal registration between the M.A.R.N. and the General Nursing Council of England and Wales. The private duty nursing section is conducting a survey among its members to learn the number of nurses engaged in professional work, either at a reduced fee or without remuneration. The nursing education section has distributed copies of a synopsis of a study of Chapter Eleven of the Survey Report to the superintendents of schools of nursing in rural areas. The rules governing the lending of books from the M.A.R.N. library are now printed on the reverse side of the annual renewal membership card.

New Brunswick

The Executive Council of the New Brunswick Association of Registered Nurses has advised the provincial Board of Education that the Association approves junior matriculation as the minimum educational requirement for entrance to schools of nursing. The Department of Education is being asked to assist in placing this information before the high schools of the province so that those who intend to study nursing after graduation may be advised in a choice of studies.

Nova Scotia

The Registered Nurses Association of Nova Scotia is seeking information on unemployment insurance for nurses. Legislation has been obtained whereby, after October 31st, 1936, the completion

of Grade XI. will be required of those desiring registration and membership in the Registered Nurses Association of Nova Scotia.

Ontario

The public health nursing section of the Registered Nurses Association of Ontario has distributed a questionnaire to industrial nurses in Ontario in order to learn the needs and problems of this group before making arrangements for a refresher course. A local group of private duty nurses in District 7 has temporarily reduced the fee for a ten-hour day to $3.50. The private duty nurses of Hamilton are organizing into a local group. Funds are being raised by Alumnae Associations for the Florence Nightingale Memorial Foundation.

Prince Edward Island

The Graduate Nurses Association of Prince Edward Island has appointed committees which are actively engaged in promoting the several projects in which all provincial units are participating.

Quebec

The progressive activities of the Association of Registered Nurses in the Province of Quebec were included in the report of the annual meeting which was published in the March number of the *Journal*.

Saskatchewan

All committees of the Saskatchewan Registered Nurses Association are active. The employment committee is helping materially in obtaining staff positions for a number of nurses in small hospitals and in arranging postgraduate study in provincial sanatoria, in addition to the classes regularly planned by these institutions. The results of the membership campaign in Saskatchewan are most gratifying and the passing of legislative measures whereby all graduate nurses employed by hospitals must be registered in the province is proving to be most effective in aiding the campaign. Certain concessions in reference to fees in arrears have been authorized, thus aiding nurses who are in arrears for several years to re-establish membership in the provincial association.

National Council of Women

Miss Florence H. M. Emory, president of the Canadian Nurses Association, represented the Association at a meeting of the Executive Committee of the National Council of Women of Canada, held recently in Toronto. Among the resolutions adopted and of special interest to the members of the nursing profession was the following, presented by Mrs. H. J. Cody, Convener of the Child Welfare Committee:

> That representation be made to the Prime Minister regretting the discontinuance of the Division of Child Welfare of the Department of Pensions and National Health.
>
> That the Prime Minister (or the Federal Government) be asked for a statement of policy of the Department of Pensions and National Health as a whole, particularly in relation to maternity and child welfare.

The following resolution from the Canadian Federation of Business and Professional Women's Clubs was also adopted:

> Whereas there are few women who are fitted for election to public positions and the National Council of Women has always advocated through its Citizenship Committee that more women be appointed to public office and has urged the formation of study groups and franchise clubs, we therefore endorse the principle enunciated in the resolution presented by the Canadian Federation of Business and Professional Women's Clubs in this regard, but would stress more particularly its desirability in connection with municipal affairs and would ask that local councils through their citizenship committees aid in the selection and education of suitable women for public office.

Forthcoming Meetings

The International Council of Women meets in Paris from July 2-12, 1934, and the annual meeting of the National Council of Women of Canada will be held in Ottawa in October.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: A meeting of the Alumnae Association of the School of Nursing of the Misericordia Hospital, Edmonton, was held on March 5 with Miss Mary Verchomin, president, in the chair. The financial report given by the treasurer, Miss Cecillia McAnally, was very gratifying. A discussion on the possibility of an eight-hour day at $3, in addition to the twelve-hour day at $5 was held, with the view of extending employment to a greater number and rendering nursing care more readily available to patients who do not require a longer service. The officers of the Alumnae Association for the coming year are: *Honorary President*: Rev. Sister St. Colette; *Honorary Vice-President*: Miss M. O'Brien; *President*: Miss M. Verchomin; *Vice-President*: Miss A. Swaboda; *Secretary*: Miss A. Biolla; *Treasurer*: Mrs. W. Bury; *Programme Committee*: Misses I. Morrell, E. Benson, A. Watson.

EDMONTON: The Royal Alexandra Hospital Alumnae Association entertained on March 28 at a banquet in honour of the graduating class of 1934. Hon. Irene Parlby, minister without portfolio, was the guest speaker and predicted brighter prospects in the coming year with larger opportunities and new fields in nursing service. Miss Kate Brighty, superintendent of public health nurses, was toast mistress. Miss F. Munroe, superintendent of nurses, Royal Alexandra Hospital, proposed the toast to the graduating class to which Miss Lillidahl responded. Mrs. Harold Elwell toasted Alma Mater. During the evening a delightful programme was given by Mrs. T. H. Field, Mrs. Rice, Dr. Dora Newson and Mrs. Bartley. An unique tableau, through which the class passed in to dinner, depicted four eras of nursing. Miss May Deane-Freeman represented a "nurse" (Sairey Gamp) of the nineteenth century; Miss Sheldon represented "Jeanne Mance"; Miss Mosley assumed the rôle of "Florence Nightingale" and Miss Einarson portrayed "Edith Cavell." One hundred and thirty-five guests were present at this delightful function.

EDMONTON: On April 6 the Alumnae Association of the University Hospital entertained three hundred guests at a dance in honour of the nineteen nurses in the 1934 graduating class. The patronesses were Mrs. Wallace, Mrs. Washburn, Miss Fenarck and Miss M. Reid. Mrs. Pound, Mrs. Beddome, Miss C. White and Miss M. Bowman were members of the dance comittee.

Miss Laura Allyn (R.A.H., class 1917) and superintendent of nurses in the Baptist Mission Hospital, Petha Purum, India, sailed from New York on April 14 to take postgraduate work in Edinburgh before returning to her work in India. Dr. Jessie Allyn, of the same mission field, will spend a part of the summer visiting European clinics.

MARRIED: Recently, Miss Nora Smith (Edmonton Misericordia Hospital, 1926), to Dr. Edward F. Cain of Charlottetown, P.E.I. Dr. and Mrs. Cain are residing at Anaheim, California.

MANITOBA

BRANDON: The March meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. T. Lane. The programme for the evening was sponsored by the married nurses group. Mrs. E. Hannah introduced Dr. Noel Rawson, who gave an illustrated lecture on diphtheria. Mrs. Robert Darrach, M.B.E., moved a vote of thanks to Dr. Rawson. The Graduate Nurses Association held a bridge on March 1, under the capable convenership of Mrs. E. Hannah. The proceeds were donated to the General Hospital.

WINNIPEG: The regular meeting of the Alumnae Association of the School of Nursing of the Children's Hospital of Winnipeg, was held on March 13, when Mrs. Herklots, a Roumanian by birth and a physician by profession gave a very interesting talk on Roumania. Her many examples of the handicrafts of the Roumanian people were greatly admired.

WINNIPEG: At the April meeting of the Alumnae Association of the Winnipeg General Hospital, a grant was made towards the Florence Nightingale International Foundation of $100.00 each year, for a period of five years.

Miss Geraldine Hayden (W.G.H., 1921), has just returned from an extended trip to California and British Columbia. Mrs. O. W. Thompson (Edna Morgan, W.G.H., 1919), of Kitchener, Ont., recently visited in Winnipeg. Dr. and Mrs. C. W. Burns (Gladys Mackay, W.G.H., 1921), attended the American College of Surgeons Convention which was held in Venezuela, South America, during March. On April 10, the Alumnae Association Dramatic Club presented a play entitled "The Rest Cure."

MARRIED: On March 2, 1934, Miss Marjorie Elliott (W.G.H., 1932), to Dr. Alvin T. Mathers, at All Saints' Church, Winnipeg.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON : CANADA

NEW BRUNSWICK

FREDERICTON: The regular meeting of the local Chapter of the N.B.A.R.N. was held on April 2. The sum of fifteen dollars was voted from the Registered Nurses Association and the Alumnae Association for the Florence Nightingale Memorial Fund. Our meetings are well attended and prove very interesting. A lecture from one of the local doctors usually follows the business session, after which refreshments are served. Miss Arline Inman (V.P.H., 1933), has completed a postgraduate course, at the Royal Victoria Hospital, and also at the Children's Memorial Hospital, Montreal.

SAINT JOHN: The Saint John Chapter of the N.B.A.R.N. met on March 19 with Miss A. A. Burns, the president, in the chair. Eight-hour duty and unemployment among nurses were discussed and a decision was made to advertise that nurses for hourly duty may be obtained through the registry. A history of the sick nurses benefit fund was given by Miss E. J. Mitchell, convener. The two Nightingale Memorial scholarships were referred to. There was a large attendance.

SAINT JOHN: The Saint John General Hospital Alumnae Association met on April 3, with Mrs. G. L. Dunlop in the chair. Reports were received showing a busy year. The Association will again entertain the graduating class at a dinner dance. A prize of ten dollars is to be given to the graduate obtaining the highest marks. Officers were elected as follows: *Honorary President*: Miss E. J. Mitchell; *President*: Mrs. G. L. Dunlop; *First Vice-President*: Miss Ethel Henderson; *Second Vice-President*: Mrs. F. McKelvey; *Secretary*, Mrs. J. Edgar Beyea; *Treasurer*, Miss Kate Holt; Miss Murdoch, Miss R. Reed and Mrs. J. H. Vaughan are also members of the executive committee.

Miss A. J. McMaster, president of the N.B.A.R.N., has had the honour of having bestowed upon her a charter fellowship, in the recently organized American College of Hospital Administrators. Miss Z. J. Lovely has completed her postgraduate course at the Saint John General Hospital and has returned to her home in Woodstock. Miss McFarlane has resigned her position at the Saint John General Hospital and is succeeded by Miss Helen Cahill.

MARRIED: Recently, at Edmundston, N.B., Miss Claire Montgomery (S.J.G.H., 1928), to Mr. Hugh Folster. Mr. and Mrs. Folster will reside in Grand Falls, N.B.

SAINT STEPHEN: At the March meeting of the local Chapter of the N.B.A.R.N. it was decided to donate three floor screens to the

REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on May 28th, 29th and 30th.

Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

MISS A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

An Opportunity

Wanted: to communicate with a graduate nurse who has had undergraduate university work and who would be interested in furthur study of some one subject on a graduate basis. Fellowship a possibility.

Apply, by letter, in care of
The Canadian Nurse
BOX No. 14
1411 Crescent Street - Montreal

Chipman Memorial Hospital and to replenish linen supplies for the special nurses room. The Association has also donated a wheel chair to the hospital. Miss Florence Cunningham, former instructress of nurses at the C.M.H., is convalescing in Haverhill, Mass., after a serious illness. Miss Gertrude Hughes (C.M.H.) is confined to the hospital with a fractured leg. Miss Phyllis McLaughlin has gone to Grand Manan to recuperate from a recent illness.

MARRIED: In January, 1934, at St. Stephen, N.B., Miss Helen G. Mowatt (C.M.H.), to Mr. Cedric Dinsmore.

MARRIED: At St. James Cathedral, Montreal, Miss Marion Crawford, to Lieut.-Colonel P. E. McLaughlin.

WOODSTOCK: The monthly meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held on March 20th, with the president, Mrs. Harry Dunbar, in the chair. After the regular business was transacted refreshments were served.

ONTARIO

DISTRICT 1

LONDON: At the annual meeting of District 1, held at the Ontario Hospital, London, on January 27th, the following officers were elected: *Chairman*: Miss Mildred Walker, Institute of Public Health, London; *Vice-Chairman*: Miss Pearl Lumby, Sarnia General Hospital, Sarnia; *Secretary-Treasurer*: Miss Mildred Chambers, Institute of Public Health, London; *Nursing Education*: Miss Dorothy Thomas, Chatham General Hospital; *Private Duty*: Miss Annie Campbell, 258 Talbot St., St. Thomas; *Public Health*: Miss Mabel R. Hoy, 606 Canada Bldg., Windsor; *Permanent Education*: Mrs. H. Smith, 926 Waterloo St., London; *Publications*: Miss Elizabeth Kennedy, Ontario Hospital, London; *Membership*: Miss Grace Versey, Institute of Public Health, London; *Councillors*: LONDON, Miss Rhea M. Rhouatt, 422 Adelaide St.; ST THOMAS, Miss Hazel Hastings, 101 Curtis St.; STRATHROY, Mrs. Malone, Superintendent, General Hospital; PETROLIA, Miss Ruby G. Page; CHATHAM, Miss Jean Lundy, 112 Van Allen St.; SARNIA, Miss Lottie Siegrist, 351 Davis St.; WINDSOR, Miss Mary R. Perrin, 606 Canada Bldg.

LONDON: The regular meeting of the Ontario Hospital Alumnae Association was held recently with Miss Williams presiding; Mrs. Arthur Reilly acted as secretary in the absence of Mrs. Stanley Grosvenor. Final arrangements were made to hold a party on April 9th for charitable purposes, and each member volunteered to give a prize. The graduating class will be entertained at a dinner-dance, for which Mrs. Grosvenor was appointed convener of arrangements. Misses Lillian Murphy, Evelyn Wilkinson, Evelyn Padgham, Phyllis Stapleton and Francis Burls assisted in serving refreshments. Application forms for membership enrolment in the Canadian Red Cross were distributed to the members.

MARRIED: The marriage took place recently of Miss Gwendoline McKerecher (Chatham Public General Hospital, 1933), to Mr. Angus Graham.

MARRIED: On February 24th, 1934, at London, Ont., Miss Bessie Elaine Tompkins (Chatham Public General Hospital, 1931), to Mr. Lawrence Reginald French.

DISTRICTS 2 AND 3

BRANTFORD: The monthly meeting of the Alumnae Association of the Brantford General Hospital was held on April 3rd, when Mr. W. G. Raymond was the guest speaker and gave a splendid talk on "Worthwhile Books for Busy People." Mr. F. D. Reville, who has been president of the Board of Governors of the Brantford General Hospital for many years, recently retired. The Woman's Hospital Aid, the Alumnae Association of the School for Nurses, the Student Nurses Association, and the Junior Hospital Aid held a reception in honour of Mr. and Mrs. Reville on April 11th at the Nurses' Residence.

The Canadian Red Cross Society, Brantford Branch, is at present conducting five classes in Home Nursing. Mrs. J. N. Mitchell is convener of the Home Nursing Committee and Mrs. F. Unger is organizer. Graduation exercises of the Little Mother class under the direction of the Victorian Order Nurses were held recently and were very successful. Sixteen "teen" age girls graduated. A play called "Little Vegetable Men" was put on by the students and was greatly enjoyed by parents and friends. At the closing meeting of the class the members were entertained at the home of Mrs. J. N. Mitchell. Supper was served, after which competitive games were played and prizes awarded. Miss Anne Hardisty spent her Easter vacation in Bermuda.

DISTRICT 4

HAMILTON: Of much interest is the appointment of Mrs. Agnes Haygarth to the position as directress of nursing services in Hamilton. Amalgamation of the city's nursing services recently took place, namely, those of the Hamilton Department of Health, the Board of Education and the Babies' Dispensary Guild. Mrs. Haygarth, formerly a member of the nursing staff attached to the Provincial Department of Health in Ontario, is a graduate

of the School of Nursing of the Hamilton General Hospital.

Miss Edith Menzies (H.G.H., 1925), has been appointed to take charge of the obstetrical department in the Mount Hamilton Hospital. Miss Edna Webster (H.G.H., 1932), has been appointed assistant night supervisor in the Hospital at 622 West 168th St., New York. Miss Connell and Miss Cosford (H.G.H., 1933), are doing private duty nursing in Bermuda. Miss Mary Ward, supervisor of the children's wing, Hamilton General Hospital, has returned from a month's vacation in Florida.

HAMILTON: On Easter Sunday, April 1st, 1934, at Erskine Church, Hamilton, a memorial tablet, donated by Mrs. H. E. Soutar in memory of her daughter, the late Mildred Soutar (St. Joseph's Hospital, 1928), was unveiled. Miss Soutar died while engaged in missionary work in India.

HAMILTON: At a recent meeting of the Alumnae Association of the School of Nursing of St. Joseph's Hospital, Hamilton, an illustrated lecture on the nervous system was given by Dr. W. O. Stevenson.

DISTRICT 5

TORONTO: The Alumnae Association of the School of Nursing of the Hospital for Sick Children, Toronto, wishes to announce that a luncheon is being arranged to take place at the hospital on Wednesday, June 27th, 1934. The executive committee of the Alumnae Association is most anxious that all out-of-town members of the association take note of this advance notice and that they will plan to be present at the luncheon.

TORONTO: The annual meeting of the Alumnae Association of the School of Nursing of St. Michael's Hospital took place recently. The election of officers resulted as follows: *Hon. President*: Rev. Sister Norine; *Hon. Vice-President*: Rev. Sister Jeanne; *President*: Miss Marie Melody; *First Vice-President*: Miss Crocker; *Second Vice-President*: Miss R. Grogan; *Third Vice-President*: Miss J.O'Connor; *Treasurer*: Miss G. Coulter, Apt. 404, 42 Isabelle St.; *Assistant Treasurer*: Miss I. Nealon; *Recording Secretary*: Miss M. Doherty, St. Michael Hospital; *Corresponding Secretary*: Miss K. McAuliffe, Eastwood Apt., Sherbourne St.; *Private Duty Representative*: Miss McGuire; *Public Health Representative*: Miss H. Kerr; *Press Representative*: Miss Regan; *Councillors*: Misses M. Brown, I. McGurk, C. Cronin.

Misses Aileen Birns and Marian Topham (Class of 1932), are taking postgraduate courses at St. Mary's Hospital, Rochester.

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District 7

KINGSTON: The annual meeting of the Registered Nurses Association of Ontario, District 7, took place in the Kingston General Hospital on March 24th, with Miss L. D. Acton in the chair. The secretary, Miss O. Wilson, reported 182 paid-up members for the past year. She also stated that District 7 ranked third in Ontario for meeting the allocation for the permanent education fund for graudate nurses. Ways and means of relieving unemployment of nurses was discussed and the members were urged to attend the biennial meeting of the Canadian Nurses Association which is to be held in Toronto in June. Miss Shaw, of the Ontario Hospital, Brockville, was appointed a delegate to attend this meeting. The following officers were elected: *President*: Miss L. D. Acton, Kingston General Hospital; *Vice-President*: Miss M. Bliss, superintendent, Public Hospital, Smith's Falls; *Secretary-Treasurer*: Miss O. Wilson, Kingston General Hospital. At the close of the business meeting Dr. W. A. Jones, radiologist at the Kingston General Hospital, gave an interesting address on the history and uses of X-ray and radium. Refreshments were served at the close of the meeting by Miss Baillie and members of the Kingston General Hospital nursing staff. Miss Bliss invited the district association to hold the next meeting at the Public Hospital, Smith's Falls, in June, and the invitation was accepted.

QUEBEC

MONTREAL: At the April meeting of the Royal Victoria Hospital Alumnae Association three papers were read on recent developments in special fields of nursing. These were given by representatives of the private duty section, public health section and nursing education section, respectively. Miss M. A. Prescott (R.V.H., 1905), spent the Easter holidays in Kingston and, en route, visited friends in Montreal.

MARRIED: On April 10th, 1934, Miss Gertrude Godwin (R.V.H., 1917), to Mr. Arthur Robertson, of Montreal.

SASKATCHEWAN

SASKATOON: Sympathy is extended to Miss M. R. Chisholm in the loss of her father, Mr. A. Chisholm, who died suddenly on March 8, 1934, at the family residence in Saskatoon.

OBITUARY

BOSWELL—The death occurred on March 8, 1934, at Seaforth, Ont., of Mrs. Phoebe Boswell, wife of Mr. E. C. Boswell. The deceased was born at Sharbot Lake, where her father, Canon Austin Smith, had his parish, and was educated at St. Agnes College, Belleville. She later graduated from the School for Nurses of the Kingston General Hospital. Mrs. Boswell is survived by her husband and two children, three and five years old, her parents, Canon and Mrs. Austin Smith of Trenton, and two brothers, Rev. F. Arthur Smith, of Trenton and Mr. Stanley Smith, of Winnipeg. Services were held at Seaforth and burial took place in Cobourg Cemetery.

BREWER—The death occurred recently of Mrs. Brewer, widow of the late Staff Sergeant Brewer, R.C.M.P. For about two years prior to her death Mrs. Brewer was engaged in teaching at Barr Hill, Alberta. She was a graduate of the School of Nursing of the Galt Hospital, Lethbridge, and had greatly endeared herself to the community in which she lived.

COMISH—At her home in Toronto, in February, 1934, after a short illness, Mona Comish, class of 1930, St. Michael's Hospital School of Nursing, Toronto. Since her graduation Miss Comish had been engaged in social service work with the Neighborhood Workers, Toronto.

DONOVAN—At St. Michael's Hospital, on March 24, 1934, after a brief illness, Mrs. Donovan (Helen O'Neil), formerly of Lindsay, Ontario, and a graduate of St. Michael's Hospital School of Nursing, Toronto.

JACK—The School of Nursing of the Massachusetts General Hospital, Boston, lost one of its oldest graduates in the death of Miss Helen Ramsay Jack, on March 28, 1934, at her residence in Saint John, N.B.

McMAHON—At the Woodstock General Hospital, on February 23, 1934, Winnifred Jackson, beloved wife of Mr. Thomas McMahon. Mrs. McMahon was a member of the class of 1924 of the School of Nursing of the Hamilton General Hospital. She is survived by her husband and by an infant son who was born on February 1, 1934.

THOMPSON—Miss Alice Thompson died in February, 1934, at St. Michael's Hospital, Toronto, her alma mater. She was a graduate of the class of 1905, and had engaged in private duty nursing in Toronto until about two months prior to her death.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

TORONTO: The National Executive of the O.N.S.A. wishes to notify the Nursing Sisters that a business luncheon will be held in the roof garden of the Royal York Hotel, at 12.30 p.m., on Thursday, June 28. We understand also that His Honour, the Lieutenant-Governor and Mrs. Bruce are entertaining the O.N.S.A. at a garden party on Wednesday afternoon, June 27, *when full sized medals or ribbons will be in order*. No ribbons or medals will be worn for the general banquet or at any other time.

KINGSTON: The annual meeting of the Kingston Unit, of the O.N.S.A. was held at the Kingston General Hospital. The following officers were elected for the coming year. *President*: Miss Leonora Harrington, Napanee; *Vice-President*: Miss Grace Hiscock, Kingston; *Secretary-Treasurer*: Mrs. Jack Willoughby, Napanee.

WINNIPEG: The tenth annual meeting of the Nursing Sisters Club of Winnipeg was held at the home of Miss S. Pollexfen, on March 21, with the president, Mrs. C. M. Davidson, in the chair and about thirty members present. A buffet dinner was served from a table centred with spring blooms in shades of mauve and yellow. The reports of the various conveners of committees were submitted and showed that the Club has made some progress. The new executive committee was welcomed into office, in a graceful speech, made by the temporary chairman, Miss Annie C. Starr. Its members are as follows: *President*, Miss Margaret Meehan, 753 Wolseley Ave., Winnipeg; *First Vice-President*, Mrs. Fletcher Argue, 189 Kingston Row, Winnipeg; *Committee Conveners*: *Social*, Mrs. E. Hamblin, 704 St. Mary's Rd., Winnipeg; *Press and Publications*: Miss Martha Hearn, 2 Huntley Apts., Winnipeg; *Memorial and Poppy*: Miss Edith Hudson, 545 St. Mary's Rd., Winnipeg; *Membership*: Miss Ruby Dicky, 103 Chestnut St., Winnipeg; *Sick Visiting*: Miss L. N. Gray, Victorian Order of Nurses, Winnipeg; *Secretary-Treasurer*: Mrs. S. Gordon Kerr, 5-217 Sherbrooke St., Winnipeg; *Advisory Members* are: Miss Margaret MacGillivray, Miss Ann Blais, Miss Elsie J. Wilson, Miss E. C. Letellier.

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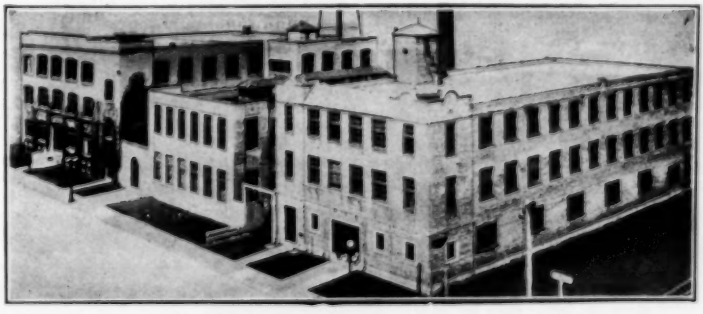

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District No. 8 Registered Nurses Association of Ontario

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District No. 10 Registered Nurses Association of Ontario

President, Miss V. Lovelace, Vice-President, Miss M. Hamilton; Secretary Treasurer, Miss E. Stewardson, McKellar General Hospital, Fort William; Councillors: Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

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QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss Ruby M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss Helen B. Smith, General Hospital, Regina; Councillors, Miss Jean McDonald, 1122 Rae St., Regina, Miss Elizabeth Smith, Normal School, Moose Jaw; *Conveners of Standing Committees: Nursing Education*, Miss Gertrude M. Watson, City Hospital, Saskatoon; *Public Health*, Mrs. E. M. Feeney, Department of Public Health, Regina; *Private Duty*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; Legislation, Miss R. M. Simpson, Regina; Secretary-Treasurer and Registrar, Miss Margaret Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss Turner; Second Vice-President, Miss O'Brien; Recording and Corresponding Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Treasurer, Miss Gavin; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. M. Tobin; Second Vice-President, Miss M. Gilchrist; Secretary, Miss A. McLeod, 2 Diana Court; Treasurer, Miss F. Smith; *Committee Conveners:* Membership, Miss A. Allan; Flower, Mrs. W. Fraser; *Private Duty Section*, Mrs. Chas. Pickering; Correspondent, *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss V. B. Eidt, Acting Superintendent, Kootenay Lake General Hospital; President Miss K. Gordon; First Vice-President, Miss M. Madden; Second Vice-President, Miss S. Archibald; Secretary-Treasurer, Miss Edna Fraser, Box 1105, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Mrs. Westman, 800 Cassair St., Vancouver; First Vice-President, Miss Jane Johnstone, Steveston, B.C.; Second Vice-President, Miss E. Berry, St. Paul's Hospital; Secretary, Miss F. Walker, Vancouver General Hospital; Treasurer, Miss L. Archibald, 536 West 12th Ave.; Council, Misses K. Sanderson, Kilburn, G. M. Fairley, Wismer and M. F. Gray. Finance, Miss Teulon, 1385 West 11th Ave.; Directory, Miss K. Motherwell, 1947 West 10th Ave.; Social, Miss A. J. MacLeod, Vancouver General Hospital; Programme, Miss B. Donaldson, St. Paul's Hospital; Sick Visiting, Miss C. Cooker, Vancouver General Hospital; Membership, Mrs. Blankenbach, 1816 West 36th Ave.; Local Council of Women, Misses Duffield and Gray; Press, Mrs. E. Simms, Vancouver General Hospital.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Mrs. E. B. Strachan, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron, Miss D. Frampton.

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Brandon Graduate Nurses Association

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ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintndent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss E. Bean; Vice-President, Miss G. Dwaine; Corresponding Secretary, Miss F. Wardleworth; Recording Secretary, Miss Harvey; Treasurer, Miss Margaret Robins-Representative to *The Canadian Nurse*, Miss C. Horn; by, Box 324, Sherbrooke, Representative, *Private Duty Section*, Miss E. Morrissette.

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Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss R. Last; First Vice-President, Miss C. Kier; Second Vice-President, Mrs. W. Metcalfe; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; *Conveners of Committees: Nursing Education*, Mrs. M. Young, Sr. Mary Raphael, Miss E. Jensen; *Private Duty*, Miss E. Wallace, Miss E. Farquhar, Miss T. Reynolds, Miss J. Casey; *Public Health*, Registrar, Miss C. Kier; Programme, Miss G. Taylor; Sick Visiting, Miss L. Trench; Social, Miss M. Armstrong; Constitution and By-Laws, Miss E. Lamond; Representative to *The Canadian Nurse*, Miss M. Gall; Press Representative, Mrs. J. Phillips.

Alumnae Associations

ALBERTA

A.A., Holy Cross Hospital, Calgary

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MANITOBA

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ONTARIO

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A.A., Galt Hospital

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GUELPH

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A.A., Kitchener and Waterloo General Hospital

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A.A., Lord Dufferin Hospital

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A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss G. M. Went; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvie; Secretary-Treasurer, Miss Alice M. Smith, 112 Peter St. N. Regular Meeting—First Thursday of each month.

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A.A., Oshawa General Hospital

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A.A., Lady Stanley Institute (Incorporated 1918)

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A.A., Ottawa General Hospital

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A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; Central Registry, Misses M. Wilson, S. Carmichael; Nominating Committee, Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

OWEN SOUND

A.A., Owen Sound General and Marine Hospital

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